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R. WHITE SEP 11 2018 2018 SEP-6 AM 8: 44 SECRETARY SEE, FAT

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPORATION: A JONES AND ASSOCIATES, INC.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zabel Thur de Kos  Name of Contact Person  A Jones and Associates, Inc.  Firm/Company  2027 NW 43rd St. Suite 300  Address  Gainesville FL 32606  City/State and Zip Code  Zabel @ nal Drop. Com
E-mail address: (to be used for future annual report notification)
To further information concerning this matter, please call:  Zabel Thur de Kos at (352) 372-2222
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

**Articles of Amendment** 

## FILED

	of 2018 SEP -6 AM	8: 44
A Jones	and Associate SERETATIONS	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)	- *   1.
PO 400	0070542	
(Document)	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the c	orporation:	
	rd "corporation," "company," or "incorporated" or p," "Inc," or "Co". A professional corporation name abbreviation "P.A."	must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.		street
	Gairesville, FL	. 32606
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox <u>2627 NW 43<sup>rd</sup></u> Suite 300	Street
	Gainesville, FL 3	32606
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	<mark>gistered Agent:</mark> I am familiar with and accept the obligations of the po	sition.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		<del>_</del>		
Add				
Remove				
2) Change				
Add		_		
Remove				
3 ) Change		_	The state of the s	
Add				
Remove				
4) Change				
Add		<del></del>		
Remove				
5) Change		_	***************************************	
Add				4+2-4-R-1
Remove				
б) Change		_		
Add				4.004,00
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
***************************************	
12	
f an amendment provides for an exch	sange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NIA	
N//\	
,	

The date of each amendment(s) adoption: 9/1/8, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 9/1/18
Signature 2 20 (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Zabel Thur de Koos  (Typed or printed name of person signing)
President (Title of person signing)